

ASS. REC. BY:

REF: CS3/MSG21001347/Ktf3

Special Instruction:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): JASMINE LOK KHENG KWEI of MSIG Date/Time: 28 Jan 2021 14:03

Estimated Cost: _____ Bill to: _____

OD / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBH 6724P Insured: XB 8017E

at Workshop m/s Heng Yap Seng Auto Services Tel: 9183 3008

of BLK 160 SIN MING DRIVE, #08-13 SIN MING AUTOCITY

Policy No: 1001423923 Claim No: 252592

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/01/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 28-01-21 2.51P.M Person Contacted: HAN Vehicle: IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	GBH 6724P- <input checked="" type="checkbox"/>
	XB 8017E- <input checked="" type="checkbox"/>

ASS. REC. BY:

REF: MSG / 21001347 / KH

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s Henry Top Sec

of _____

Insured: 479M

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 3PM

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Soon: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBH6724P Yr Regn: 08, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota c.c. 2882

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 92442 T/Radio: Insured / Std / NI / NA

Eng No: F

C/No: JTH702P300244611

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NH / S/Rlm / STD A/Rlm or

Tyre Size: F: 195R15H

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or MH/AK

Front J mm Rear J mm

R/Bal. J mm R/Bal. J mm

L/Bal. J mm L/Bal. J mm

D.O.A. 23/1/21 D.O.I. 29/1/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Est. not ready</u>
<u>13/1</u>	<u>11 Day @ 5100 (Red: 9140.30 : 64%)</u>

Date/Time, File Pass to? : Prel. Report : Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trlp: _____

Survey Fee:
Transportation:
S + RS: \$
Others:
TOTAL

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)

Report Format: TP
Lump Sum / I.B.I: (\$ 5100)

174.6
482.8
455.6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	26/01/2021 17:00 (SGT)
Date of Accident	25/01/2021 15:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	ALONG TPE SLIP ROAD TOWARDS PUNGGOL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6724P
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INSURED POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RITZDEGREE ENGINEERING PTE. LTD.
Company Reg No	2XXXXX479K
Email Address	ritzdegreeengineering@gmail.com
Mobile Phone No	(Phone) +65-96815119
Alternative Phone No	(Office) +65-96815119

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5103149234-02
Cover Note Number	-

DRIVER

Name of Driver	LIM SIONG POH (LIN XIANGBAO)
NRIC No	SXXXX605G
Date Of Birth	21/02/1975
Occupation	Outdoor

Date Of Driving Pass	17/07/1995
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96815119
Alt. Phone Number	-
Email Address	ritzdegreeengineering@gmail.com
Address	APT BLOCK 452 ANG MO KIO AVENUE 10 #03-1769
Address complement	-
Postcode	560452
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SIONG PUN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED ; REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB8017E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE GER CHAN
NRIC No	SXXXX936B

Contact Number	(Phone) +65-90396813
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO ATTACHED
Details of property damaged in accident	REFER TO ATTACHED
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Print the name of

Kt

HENG YAP SENG AUTO SERVICES

Blk 160, Sin Ming Drive, #08-13 Sin Ming AutoCity, Singapore 575722

Hp : 9183 3008

Fax : 6873 2017

Vehicle No : GBH6724P
Vehicle Model : Toyota Hiace

Date : 01.02.2021

NOT Notified
11 Rep @ 5100h
Returning After Rain *6 days*

Estimate Repair Cost

No.	Qty	Parts List Items			
1	1	Rear bumper	\$	517.40	✓
2	2	Rear bumper retainers	\$	124.10	X
3	2	Rear bumper brackets	\$	110.35	X
4	1 set	Rear bumper clips	\$	40.00	✓
5	1	Rear tailgate <i>1942.10</i>	\$	2,162.70	✓
6	1	Rear tailgate centre logo	\$	69.45	✓
7	1	Rear tailgate "HIACE" emblem	\$	75.30	✓
8	1	Rear tailgate lock	\$	510.30	X
9	1	Rear tailgate number plate lamp	\$	69.40	X
10	1	Rear tailgate brake lamp	\$	220.00	✓
11	1	Rear tailgate outer handle	\$	201.30	✓
12	1	Rear tailgate inner trim	\$	680.10	X
13	2	Rear tailgate dampers	\$	598.80	X
14	1	Rear tailgate weatherstrip	\$	399.50	X
15	1	Rear windscreen glass <i>1115.70</i>	\$	1,301.35	✓
16	1	Rear windscreen moulding <i>130.50</i>	\$	210.10	✓
17	1	Rear wiper motor	\$	509.10	✓
18	1	Rear wiper arm	\$	95.30	X
19	1	Roof top centre pillar (rear)	\$	333.45	✓
20	2	Taillamps <i>365.10</i>	\$	798.90	✓
21	1	Rear end panel	\$	499.40	✓
			Total	\$ 9,526.30	

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Parts Special Nett Items

22	1	Rear number plate	\$	60.00	X
23	1	Rear windscreen sealant	\$	60.00	<i>405n</i>
24	2	Reverse sensor	\$	1,020.00	X
				\$ 1,140.00	
			Total Parts	\$ 10,666.30	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:

Labour

1	Labour charge to remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	\$ 1,500.00	<i>800/</i>
2	To putty and respray painting on affected areas.	\$ 1,300.00	<i>800/</i>
3	To remove, replace rear tailgate fittings to facilitate repair.	\$ 300.00	<i>60/</i>
4	To remove, replace rear windscreen glass.	\$ 250.00	<i>120/</i>
5	To remove, replace reverse sensor.	\$ 150.00	<i>50/</i>
6	To check wiring and lightings.	\$ 80.00	<i>20/</i>
	Total Labour	<u>\$ 3,580.00</u>	
	Total Parts and Labour	<u>\$ 14,246.30</u>	

